

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS				SERIAL NO.		FILING DATE	
				091293, 464			
				APPLICANT(S)			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
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96							
97							
98							
99							
100							
TOTAL IND.	6						
TOTAL DEP.	10						
TOTAL CLAIMS	22						